



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**D139-799-039**  
**Job Sheet 188562**

007519



**Part No:** D139-799-039

**Job Qty:** 4 pcs

**Part Name:** AW139 Easy Access Engine Oil Drain



**Part Weight:** 0 lbs

**Status:** New

**Priority:** Medium

**Job Created:** 1/11/19

**Job Tracking No:**

**Due Date:** 1/30/19

**Created By:** Jesse White

**Type:** ~~Stock~~ *Sold*

**Description:**

**Note:** IIN-D139-799 REV.O IPP REV:A 16.10.07 NEW ISSUE DD VERF:JFS IPP REV:B 17.09.18 AS PER IIN  
REV.N DD VERF:JFS

**Ship Via:**

### Bill of Materials

### Job Routing

| Op<br>No | Operation              | Qty   | Start Date | Due<br>Date | Standard     |            | Workcenter/Supplier   |           | Sign-off                                                                                                            |
|----------|------------------------|-------|------------|-------------|--------------|------------|-----------------------|-----------|---------------------------------------------------------------------------------------------------------------------|
|          |                        |       |            |             | Setup<br>Hrs | Run<br>Hrs | Workcenter / Supplier | Lead Time |                                                                                                                     |
| 110      | Packaging 1 - Pick Kit | 4 pcs |            | 1/30/19     | 0.00         | 0.00       | Packaging 1 - 1       |           | <div style="text-align: right;"> <i>DAS</i><br/> <b>6</b><br/> <i>2-29</i><br/> JAN 31 2019<br/> JAN 16 2019 </div> |
|          |                        |       |            |             |              |            | Packaging 1 - 2       |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 3       |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 4       |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 5       |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 6       |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 7       |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 8       |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 9       |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 10      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 11      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 12      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 13      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 14      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 15      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 16      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 17      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 18      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 19      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 20      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 21      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 22      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 23      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 24      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 25      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 26      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 27      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 28      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 29      |           |                                                                                                                     |
|          |                        |       |            |             |              |            | Packaging 1 - 30      |           |                                                                                                                     |

Plex 1/11/19 8:40 AM dart.white.jesse

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br>Part No. _____<br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Thermoforming <input type="checkbox"/><br>Large Fab <input type="checkbox"/><br>Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Composite <input type="checkbox"/><br>Water Jet <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Engineering <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Other <input type="checkbox"/> |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Step #: _____                                                                                                                                                                  |  | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  | MRB (QS1042) Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  | Completed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>Root Cause</b><br>Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/><br>No Re-ver <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Set <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Te <input type="checkbox"/><br>Poor Info <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product I <input type="checkbox"/><br>Process I <input type="checkbox"/><br>Manufac. <input type="checkbox"/><br>Past Due <input type="checkbox"/> |  |                                                                                                                                                                                |  | <input type="checkbox"/> OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  | /Surge <input type="checkbox"/><br>am <input type="checkbox"/><br>ck Pulled <input type="checkbox"/><br>uence <input type="checkbox"/><br>d <input type="checkbox"/><br>on <input type="checkbox"/><br>d/off center <input type="checkbox"/><br>Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |

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**DART**  
AEROSPACE

Container No: S149845  
Part: D139-799-039  
Job No: 188562  
Serial No/Batch: S149845  
Revision: 0  
Inspector:  
Exp Date:  
Instructions: FAA STC SR02138SE 15/08/28, T<sub>0</sub> STC LoA C-11-0841 11/11/14

|                                 |       |         |           |                        |                            |
|---------------------------------|-------|---------|-----------|------------------------|----------------------------|
| 120 QC 4                        | 4 pcs | 1/30/19 | 0.00 0.00 | Packaging 1 - 31       |                            |
|                                 |       |         |           | Packaging 1 - 32       |                            |
|                                 |       |         |           | Packaging 1 - 33       |                            |
|                                 |       |         |           | Packaging 1 - 34       |                            |
|                                 |       |         |           | Packaging 1 - 35       |                            |
|                                 |       |         |           | QC 4 - 26              |                            |
|                                 |       |         |           | QC 4 - 28              |                            |
|                                 |       |         |           | QC 4 - 38              |                            |
|                                 |       |         |           | QC 4 - 42              |                            |
|                                 |       |         |           | QC 4 - 58              |                            |
| 125 DC - 1 - B4B                | 4 pcs | 1/30/19 | 0.00 0.00 | QC 4 - 6               | DAS 69 9-89                |
|                                 |       |         |           | QC 4 - 69              |                            |
|                                 |       |         |           | QC 4 - 9               |                            |
|                                 |       |         |           | QC 4 - 46              |                            |
|                                 |       |         |           | DC - 1 - B4B           | DAS 21 JAN 31 2019 69 9-89 |
| 130 Packaging 3-1 - Stock - B4B | 4 pcs | 1/30/19 | 0.00 0.00 | DC - 2 - B4B           |                            |
|                                 |       |         |           | Packaging 3 - 1 - B4B  |                            |
|                                 |       |         |           | Packaging 3 - 2 - B4B  |                            |
|                                 |       |         |           | Packaging 3 - 3 - B4B  |                            |
|                                 |       |         |           | Packaging 3 - 4 - B4B  |                            |
|                                 |       |         |           | Packaging 3 - 5 - B4B  |                            |
|                                 |       |         |           | Packaging 3 - 6 - B4B  |                            |
|                                 |       |         |           | Packaging 3 - 7 - B4B  |                            |
|                                 |       |         |           | Packaging 3 - 8 - B4B  |                            |
|                                 |       |         |           | Packaging 3 - 9 - B4B  |                            |
|                                 |       |         |           | Packaging 3 - 10 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 11 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 12 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 13 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 14 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 15 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 16 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 17 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 18 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 19 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 20 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 21 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 22 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 23 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 24 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 25 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 26 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 27 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 28 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 29 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 30 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 31 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 32 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 33 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 34 - B4B |                            |
|                                 |       |         |           | Packaging 3 - 35 - B4B |                            |
| 140 QC 21 - FG                  | 4 pcs | 1/30/19 | 0.00 0.00 | QC 21 - FG - 21        | DAS 21 9-89                |
|                                 |       |         |           | QC 21 - FG - 70        | JAN 31 2019                |

Part Op 110 - (Pick Kit)

Descriptions: 120 - (QC4- 100% Inspect kits for completeness)

125 - (Document Control) Photocopy bluefile &amp; type labels per PPP D139-799-039 CHG003

130 - Identify and pack for shipping as per PPP D139-799-039

140 - (QC21- Final Inspection - Work Order Release)



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval |                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> |  | <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> |                       | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> |  | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |
| <input type="checkbox"/> OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |



## Job BOM

| Part / Item   | Component Name           | Quantity      | Operation                  | Container             |
|---------------|--------------------------|---------------|----------------------------|-----------------------|
| AN3C3A        | Bolt                     | 40 Ea (10 ea) | 110-Packaging 1 - Pick Kit | 5142480               |
| AS3208-06     | Packing                  | 8 Ea (2 ea)   | 110-Packaging 1 - Pick Kit | 5001689               |
| D5370-1       | Fitting                  | 8 pcs (2 ea)  | 110-Packaging 1 - Pick Kit | 5050354x2 505834x6    |
| D5373-11      | Oil Drain Line           | 4 pcs (1 ea)  | 110-Packaging 1 - Pick Kit | 5001757x3 5058683x1   |
| D5373-3       | Oil Drain Line           | 4 pcs (1 ea)  | 110-Packaging 1 - Pick Kit | 5001241x2 5082486x2   |
| D5373-7       | Oil Drain Line           | 4 pcs (1 ea)  | 110-Packaging 1 - Pick Kit | 5001234x2 5054682x2   |
| D5373-9       | Oil Drain Line           | 4 pcs (1 ea)  | 110-Packaging 1 - Pick Kit | 5001776x3 5054678x1   |
| D5521-041     | Oil Drain Hose Assembly  | 16 pcs (4 ea) | 110-Packaging 1 - Pick Kit | 5149325x10 5149364x6  |
| D5522-041     | Oil Drain Valve Assembly | 4 Ea (1 ea)   | 110-Packaging 1 - Pick Kit | 5079340x2 5149836     |
| D5522-042     | Oil Drain Valve Assembly | 4 Ea (1 ea)   | 110-Packaging 1 - Pick Kit | 5079342               |
| MS21043-3     | Nut                      | 40 Ea (10 ea) | 110-Packaging 1 - Pick Kit | 5109966x14 5149711x26 |
| MS21919-WDG7  | Clamp                    | 8 Ea (2 ea)   | 110-Packaging 1 - Pick Kit | 5000323x3 5000690x5   |
| MS21919WDG10  | Clamp                    | 24 Ea (6 ea)  | 110-Packaging 1 - Pick Kit | 50004854              |
| MS27039C1-12  | Screw                    | 8 Ea (2 ea)   | 110-Packaging 1 - Pick Kit | FM135884-20           |
| MS27039C1-14  | Screw                    | 8 Ea (2 ea)   | 110-Packaging 1 - Pick Kit | FM130412              |
| MS9592-005    | Bracket                  | 8 pcs (2 ea)  | 110-Packaging 1 - Pick Kit | FM138622              |
| NAS1149C0332R | Washer                   | 96 Ea (24 ea) | 110-Packaging 1 - Pick Kit | 5104354               |
| SW-6-TEF      | Teflon Spiral Wrap       | 12 ft (3 ea)  | 110-Packaging 1 - Pick Kit | 7138597               |

## Job Allocations

| Operation                  | Component Part | Required | Inventory | Allocated |
|----------------------------|----------------|----------|-----------|-----------|
| 110-Packaging 1 - Pick Kit | AN3C3A         | 40       | 88        | 0         |
|                            | AS3208-06      | 8        | 152       | 0         |
|                            | D5370-1        | 8        | 22        | 0         |
|                            | D5373-11       | 4        | 8         | 0         |
|                            | D5373-3        | 4        | 11        | 0         |
|                            | D5373-7        | 4        | 7         | 0         |
|                            | D5373-9        | 4        | 8         | 0         |
|                            | D5521-041      | 16       | 0         | 0         |
|                            | D5522-041      | 4        | 5         | 0         |
|                            | D5522-042      | 4        | 4         | 0         |
|                            | MS21043-3      | 40       | 880       | 0         |
|                            | MS21919-WDG7   | 8        | 13        | 0         |
|                            | MS21919WDG10   | 24       | 26        | 0         |
|                            | MS27039C1-12   | 8        | 42        | 0         |
|                            | MS27039C1-14   | 8        | 47        | 0         |
|                            | MS9592-005     | 8        | 39        | 0         |
|                            | NAS1149C0332R  | 96       | 3,916     | 0         |
|                            | SW-6-TEF       | 12       | 79        | 0         |

## Part Specifications

Specifications could not be found.

Plex 1/11/19 8:40 AM dart.white.jesse



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                       |                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                       |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                       | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                       | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                       |                                              |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabelled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                       |                                              |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                       |                                              |  |



| Qty<br>-035 | Qty<br>-036 | Qty<br>-037 | Qty<br>-038 | Part Number   | Description                                |
|-------------|-------------|-------------|-------------|---------------|--------------------------------------------|
| X           |             |             |             | D139-799-035  | HEAVY DUTY REPLACEMENT CABIN STEP KIT LH   |
|             | X           |             |             | D139-799-036  | HEAVY DUTY REPLACEMENT CABIN STEP KIT RH   |
|             |             | X           |             | D139-799-037  | LIGHT WEIGHT REPLACEMENT CABIN STEP KIT LH |
|             |             |             | X           | D139-799-038  | LIGHT WEIGHT REPLACEMENT CABIN STEP KIT RH |
| 1           |             |             |             | D5235-041     | LH STEP ASSEMBLY                           |
|             | 1           |             |             | D5235-042     | RH STEP ASSEMBLY                           |
|             |             | 1           |             | D5235-043     | LH STEP ASSEMBLY                           |
|             |             |             | 1           | D5235-044     | RH STEP ASSEMBLY                           |
| 1           | 1           | 1           | 1           | *D5271-1      | FORWARD AIRCRAFT FITTING                   |
| 1           |             | 1           |             | *D5271-3      | LH AFT FITTING                             |
|             | 1           |             | 1           | *D5271-4      | RH AFT FITTING                             |
| 1           | 1           | 1           | 1           | *D5272-1      | FORWARD TUBE                               |
| 1           | 1           | 1           | 1           | *D5272-3      | AFT TUBE                                   |
| 2           | 2           |             |             | *D5273-041    | END FITTING ASSEMBLY                       |
|             |             | 2           | 2           | *D5273-043    | END FITTING ASSEMBLY                       |
| 1           | 1           |             |             | *D5274-1      | STEP EXTRUSION                             |
|             |             | 1           | 1           | *D5274-3      | STEP EXTRUSION                             |
| 14          | 14          | 14          | 14          | *D5291-041    | RADIUS BLOCK ASSEMBLY                      |
| 12          | 12          | 10          | 10          | *MS24694-S50  | SCREW                                      |
| 14          | 14          | 14          | 14          | *MS24694-S98  | SCREW                                      |
| 28          | 28          | 28          | 28          | *MS20426AD4-6 | RIVET                                      |

\*Part of D5235-041/-042/-043/-044 assembly, above.

| Qty<br>-039 | Part Number   | Description          |
|-------------|---------------|----------------------|
| X           | D139-799-039  | ENGINE OIL DRAIN KIT |
| 2           | D5370-1       | FITTING              |
| 1           | D5373-3       | OIL DRAIN LINE       |
| 1           | D5373-7       | OIL DRAIN LINE       |
| 1           | D5373-9       | OIL DRAIN LINE       |
| 1           | D5373-11      | OIL DRAIN LINE       |
| 4           | D5521-041     | OIL DRAIN HOSE ASSY  |
| 1           | D5522-041     | OIL DRAIN VALVE ASSY |
| 1           | D5522-042     | OIL DRAIN VALVE ASSY |
| 10          | AN3C3A        | BOLT                 |
| 2           | AS3208-06     | PACKING              |
| 2           | MS9592-005    | BRACKET              |
| 10          | MS21043-3     | NUT                  |
| 2           | MS21919WDG7   | CLAMP                |
| 6           | MS21919WDG10  | CLAMP                |
| 2           | MS27039C1-12  | SCREW                |
| 2           | MS27039C1-14  | SCREW                |
| 24          | NAS1149C0332R | WASHER               |
| 3 ft        | SW-6-TEF      | TEFLON SPIRAL WRAP   |